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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/714,925	11/18/2003		Nelson Schneider		HEFI.001A	3034	
TITLE OF INVENTION: METHOD FOR MANAGING A HOME EQUITY SALES PROGRAM							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0 7	\$1055	04/29/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	_			
HAMMOND III, THOMAS M 3695 1. Change of correspondence address or indication of "Fee Address		3695	705-038000				
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att	the names of up to 3 registered patent attorneys gents OR, alternatively, he name of a single firm (having as a member a stered attorney or agent) and the names of up to pistered patent attorneys or agents. If no name is 1, no name will be printed. Knobbe, Martens, Olson & Bear, LLF			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Home Equity Securities, LLC Dover, Delaware							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government							
Advance Order -	To small entity discount p	permitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required force), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
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